

VERMONT AGENCY OF HUMAN SERVICES  
DEPARTMENT OF HEALTH

CERTIFICATE OF APPROVAL APPLICATION/ PROPOSAL  
FOR  
COA SUPPORTED RESIDENTIAL PROPOSAL  
COVER PAGE

Applicant: Counseling Service of Addison County

Project Title: COA Supported Residential Proposal

Principal Contact: Alexander Smith

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PROJECT TYPE & AMOUNT

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- Capital expenditure exceeding \$1,500,000 for construction, development, purchase or long-term lease of property or existing structure
- Purchase of a technology, technology upgrade, other equipment or a renovation with a cost exceeding \$1,000,000
- X The offering of a health care service having a projected annual operating expense that exceeds \$500,000 for either of the next two budgeted fiscal years if the service was not offered by the health care facility within the previous three fiscal years.

- A. Proposed Capital Expenditure (Total Table 1) \$462,550
- B. Proposed Lease Amount (payment times term) \$\_\_\_\_\_ I certify to the best of my knowledge and belief, that the information in this application is true and correct and that this application has been duly authorized by the governing body of the applicant.

CERTIFYING OFFICIAL: Robert S. Thorn PhD  
Executive Director  
Counseling Service of Addison County

SIGNATURE: \_\_\_\_\_

DATE: February 20, 2007

**COA Application:  
The Counseling Service of Addison County  
Supported Residential Proposal**

***Overview***

The Community Rehabilitation and Treatment (CRT) program Counseling Service of Addison County (CSAC) is proposing to create a residential program that will be a combined crisis stabilization and supported residential program. This narrative speaks to the supported residential component of the proposal. The crisis stabilization bed program narrative has been submitted as a proposal in response to an RFP for crisis bed funding from the Futures project.

The supported residential and crisis stabilization services proposed will address two longstanding and high priority needs in our service system. As is described in the crisis bed RFP, that service will provide a locally based safe, supportive, and recovery oriented setting for people coping with acute experiences of psychiatric symptoms where they can remain close to their families, communities, and known treatment providers.

This supported residential program will provide much needed residential capacity for individuals coping with life disrupting challenges associated with persistent mental illness. By co-locating the two program capacities we will address these priority needs with the efficiencies of shared staffing and infrastructure.

We have found an exceptional setting for these programs a few miles south of Middlebury. This eight bedroom family home has also served as a residential support setting and was built with that function in mind. The house would need no



significant renovation, meets ADA criteria for handicapped accessibility, and offers an attractive and positive setting for these services.

***Program Design/ Features***

There will be six supported residential beds in this setting, with each person having their own room. We expect the program to apply for and meet licensing criteria for a Level 3

residential care facility. There will be onsite RN nursing oversight to manage medication handling and other medical coordination as needed. Length of stay will be determined by individual goals and needs. One of the six beds will remain available for a more support intensive level of care. The residential program will be individualized in planning the goals addressed and the supports needed, with the overall function of onsite staff being to help maintain a safe, supportive, and recovery oriented living environment. There will be onsite assistance with symptom management skills, wellness and stress reduction, and interpersonal skills. Services and supports for individuals in the program will be linked and coordinated with their primary support team at CSAC.

***Criterion I: Local governance and Relationship of Proposed Project to Agency strategic Plan***

**The proposal must have been reviewed and approved by the applicant's Board of directors and the appropriate Local Standing Committee or Committees.**

This proposal addresses long identified priorities for the CRT program of CSAC. These priorities have been identified in program planning discussions with CRT staff and management as documented in Annual Priorities Reports. They have been ongoing major areas of focus for our Local Program Standing Committee, the Client Advisory Team (CAT), and there has been ongoing review with this committee as this specific current proposal has been taking shape. The need for more supported residential capacity has been identified in our Local System of Care Plan for 2007 and has been a focus of Annual Updates for the 2004 Plan.

The current proposal has been discussed with the CSAC Board of Directors and has their support in going forward with this application.

***Criterion II: Need for the Proposed Project***

**The project must be consistent with the state of Vermont Health Resources Management Plan (HRAP) and must demonstrate its plan for addressing identified needs.**

The capacities created by this proposal are consistent with the goals of HRAP in that unmet residential support needs of our primary treatment population are being addressed. Based on staff report, observations regarding common exacerbating factors in protracted crisis situations (including prolonged hospitalizations), expressions of concern from family members and consumers, we have concluded that the lack of both sufficient capacity of supported housing and sufficient levels of support in some instances, represents a serious gap in our local service system for adults with severe and persistent mental illness.

Our current capacity for addressing the needs of our target population consists of the following:

- Hill House – This is a six bed house owned by Addison County Community Action Group (ACCAG) and staffed by CSAC with funding from a HUD transitional housing grant. The program has one staff on 24/7 (56 hrs./wk. are funded by CSAC case rate allocation). Due to a lack of other viable options in the area this program is often called upon to function beyond its intended role as a transitional residence and serve individuals who could benefit from a more staff intensive level of care. The program operates at 100% occupancy, has an ongoing waiting list, and there is always more need than availability. There is a requirement in the terms of the grant that limits the length of stay to two years. On a number of occasions this requirement has conflicted with consumers' residential needs.
- Shelter Plus Care and other subsidized apartment funding – We assist consumers in securing funding support for apartments through housing subsidies funded through DMH Housing Contingency funding, and through Sec. 8 vouchers funded by HUD. While there usually is an extremely long wait for these vouchers in Vermont, we are able to help secure Shelter Plus Care vouchers for targeted areas of need. Apartment subsidies are essential resources for individuals living on disability in order to be able to afford apartments, however they are too scarce and uncertain in their availability, and we serve many individuals for whom individual apartment living is not suitable. Furthermore, policy changes in the HUD system have created exclusions for some individuals who have had problems with previous apartment arrangements.
- Family based contracted residential placements – We currently have nine consumers living in these settings. The providers are paid through difficulty of care payments along the lines of the developmental home model in developmental disabilities services. While in many instances these have been very effective settings well liked by the consumers living there, we would note there are several limiting factors that have suggested to us that it would not be advisable to count on these capacities as a major programmatic component for addressing supported residential needs. These limiting factors include difficulties in recruitment, cost, challenges with the addressing the needs for training, supervision, and other infrastructure supports, and challenges finding matches given limited availability. While this project will represent a shift in program emphasis away from this model, we do intend to continue with effective placements in accordance with the wishes of individual consumers involved.

Other economic and systemic factors have heightened the need for other housing options within our region. Of particular note is the closing of many community care homes and the cost of those that remain open. These settings at one time played a key role in addressing needs for community based residential support. In our region they are now seldom available to our consumers due to full occupancy, cost, and other barriers.

We currently know of up to twelve situations from within our current CRT program consumer base where there is a current need or likely pending need for a supported

residential setting. Some of the current challenges prompting these needs include needs for more support than is available in current settings, program limitations on length of stay in current settings (including the two year limit at Hill House), situations of homelessness or very unstable short term housing, and situations where individuals are requesting changes in their supported living environment.

As is referred to above, we often find the lack of appropriate housing resources is an acutely destabilizing factor that can heighten symptoms, interfere with needed treatment and support, prolong hospital stays, and can contribute to some very negative outcomes.

Some of the most acutely at risk individuals in our treatment population are contending with co-occurring substance abuse challenges together with their difficulties associated with mental illness. These are often some of the same individuals who are excluded from HUD housing subsidies. We believe this program could offer a much needed option for these individuals to live in a safe setting while addressing treatment needs for their co-occurring disorders.

We do not think this program alone can resolve the serious housing challenges our consumers face, and other models and options are also needed to have a complete continuum. We do think however, that this program can provide a much needed level of care in our region and can help alleviate pressures on other stressed and over-functioning housing resources in our area.

### ***Criterion III: Organizational Structure, Affiliations and Operations***

**An applicant for a Certificate of Approval must be a Vermont Mental Health and/or Developmental Services Designated or Specialized Service Agency.**

The Counseling Service of Addison County is a designated agency. The program will be based in the CRT program of CSAC and will be managed by that program. There will be an on-sight manager who will manage both program capacities. The program manager will be supervised by the CRT Program Director or designee. Advisory input will be by the CSAC adult mental health services Client Advisory Team (CAT).

### ***Criterion IV: Financial Feasibility and Impact Analysis***

**Applicant must demonstrate the proposed project's financial feasibility and project sufficient resources to sustain operations and/or debt service demands over time.**

There are a number of different housing needs to be addressed in our service system and there are certainly other models and capacities that could be of help, however we have concluded that there is an exceptional alignment of factors pointing towards this combination of residential services, in this setting, at this time. This proposal addresses some of our most pressing areas of housing need and does so in a way that also makes it feasible to create a two-bed crisis stabilization program, and thus maximizing the cost effectiveness of these two programs. The availability of this unique setting heightens the

sense of timeliness in creating these program capacities. We have an unusual window of opportunity to shift some of our existing case rate allocation to address this priority area of need and to shift program emphasis around supported housing in a direction that we believe will result in higher quality, more staff supported levels of care, and more manageable availability.

The funding for the supported residential program will come from a combination of consumer rent payments, a reassignment of existing case rate from other current placements and wrap-around services, in addition to case rate funds that need to be assigned to new placements if we aren't able to start this new capacity. Staffing and facility costs will be shared with the crisis bed program in that same setting. Essentially there will be two levels of care within the residential component of this program with one being a more staff intensive level of care and the other five being general supported residential. The utilization and funding of these capacities will be managed accordingly.

With these combined funding streams we believe this project can be sustainable over time. We will continue to look for efficiencies in our program planning and development process. For instance, if we can find additional capital up front the ongoing annualized financing costs reflected in the budget could be reduced.